PRS39

GIVING-UP SMOKING: PREDICTIVE FACTORS OF SMOKING CESSATION AND ATTEMPTS TO STOP IN A FRENCH COHORT

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OBJECTIVES: The aim of this analysis was to measure the smokers' behaviors with regards to smoking cessation and determine the attempts to stop and predictive factors of quitting smoking. **METHODS:** A representative French national sample of 6032 subjects aged 15 years or more received a self-administered questionnaire in November 2006. Subjects identified as smokers were recontacted in June 2007 in order to complete a telephone administered questionnaire. Current smokers were investigated during the two phases on smoking habits, consumption, quit attempts, predictive factors of quit attempts. A descriptive analysis was performed for each phase in order to determine the smokers' behaviors between the two phases towards tobacco cessation. **RESULTS:** The response rate of the first phase was 66% (21% of them were current smokers, 26% ex-smokers and 53% never smoked). Forty percent of smokers declared intention to stop smoking. Among them 55% expected to quit smoking within the 2 to 6 next months (22% of total smokers). The main reason reported for quitting smoking was the high price of cigarettes (65%), followed by the wish to improve physical condition (53%). France's smoking ban, and information campaigns by the media represented less than 10%. During the second phase, 521 smokers were interviewed. Twenty four percent had attempted to stop (11% stopped smoking and 13% attempted and failed to stop smoking between the two phases). Twenty three percent of quit attempts (successful or failed) were initiated by a physician. The main reason mentioned by individuals who stopped or attempted to stop was health improvement (80%). The expected bans of January 2008 were mentioned by 17% of individuals who stopped smoking. **CONCLUSIONS:** Health improvement seems to be the main motivation for smokers to quit. Health care professionals should have a pivotal role in helping smokers to reach this objective.

PRS40

DECISION-MAKING IN HEALTH CARE USING COST-EFFECTIVENESS EVIDENCE—SMOKING CESSATION COMPARED TO TREATMENT OF SMOKING-RELATED DISEASES

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Fifty percent of all smokers will die from a smoking-related disease such as chronic obstructive pulmonary disease (COPD), cardiovascular disease (CVD) or lung cancer. Apart from an obvious cost-effective population strategy preventing initiation of smoking (primary prevention), the majority of health care resources are being devoted to tertiary prevention (treatment) of diseases. Secondary prevention initiatives for smoking cessation is currently not highly prioritised, although these initiative may also be cost-effective. **OBJECTIVES:** To investigate the incremental cost-effectiveness rates (costs per QALY gained) published for secondary prevention (smoking cessation) versus tertiary prevention (treatment) of smoking-related diseases (COPD, CVD and lung cancer). These results are compared to the reimbursement status in Denmark, Sweden, Norway, Finland, Belgium and The Netherlands. **METHODS:** The costs per QALY gained from different smoking cessation activities as well as the costs per QALY gained from tertiary prevention (treatment) of COPD, CVD and lung cancer were reviewed using The Cost-Effectiveness Analysis Registry (Tufts Medical Center, US) until 2005 and using Medline from 2005–2008. Costs per QALY gained found were compared with the reimbursement status in the six countries. **RESULTS:** Forty-seven ICER-rates (15 studies) were identified in smoking cessation ranging from "cost-saving"/"dominating" and to $34,000/QALY gained (median $1,117, 10%-percentile "cost-saving", 90%-percentile $9,500). The median cost per QALY managing smoking-related diseases (182 ICER-rates, 76 studies) were between $22,000–44,000 with the highest in COPD (10%-percentile "cost-saving", 90%-percentile $92,000) and largest dispersion in lung cancer (10%-percentile "cost-saving", 90%-percentile $96,709, maximum $2,400,000). However, this is not reflected in governments policies in the six countries, since cost-effective smoking cessation through prescription medicine is only reimbursed in Sweden (2nd line) and Belgium. **CONCLUSIONS:** Using the case of smoking, this study concludes that secondary prevention (smoking cessation) is as least as cost-effective as tertiary prevention of smoking-related diseases. However, this is not reflected in all governments' reimbursement policies today.

RESPIRATORY-RELATED DISORDERS—
Conceptual Papers & Research on Methods

PRS41

USE OF AN ELECTRONIC DIARY IN 55 COUNTIRES: WHAT ARE THE CHALLENGES?

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OBJECTIVES: The Patient eDiary is an 11 item electronic diary developed in US English by Boehringer Ingelheim to collect data for group comparisons of subjects with Chronic Obstructive Pulmonary Disease (COPD). The Patient eDiary was translated into 55 languages for utilization in an international study. A rigorous methodology was required to ensure conceptual equivalence and cultural relevance across languages within the constraints of the handheld electronic device via which the questionnaire is administered. **METHODS:** The translation process was conducted by specialists in each target country, following a standardized methodology: 1) two independent forward translations by native target language speakers; 2) comparison and reconciliation of the translations; 3) back translation by a native English speaker; 4) comparison of original and back translation; 5) review by a clinician; and 6) comprehension test on 5 COPD patients. **RESULTS:** The major challenge was finding conceptually equivalent and culturally relevant formulations which fitted into the limited space of 79 characters per screen provided by the handheld device. This was manageable for languages using the Roman alphabet although the structure of some require between 10 to 15 % more characters than English to convey the same notion. The characters of languages using a different script had to be reduced to 45 per screen given the size and space they require. A high percentage of abbreviations had to be used and careful testing was essential to ascertain comprehension by the target population. Examples of these and other constraints will be discussed in the presentation. **CONCLUSIONS:** The 55 language versions of the Patient eDiary were established according to a rigorous methodology to ensure conceptual equivalence and cultural relevance across languages within the constraints of the handheld device. The Patient eDiary may now be used confidently for comparison of results and pooling of data in international studies involving COPD patients.